

## SECONDARY ROAD PATROL AND TRAFFIC ACCIDENT PREVENTION PROGRAM CONTRACT ADJUSTMENT REQUEST

1. County			7. OHSP Contract No.
2. Sheriff			8. Date of Request
3. Address			9. Type of Request
4. City	5. State	6. Zip Code	<input type="checkbox"/> Budget Revision <input type="checkbox"/> Program Modified
10. The following change, amendment, or adjustment to the reference contract is requested			

BUDGET CATEGORY	EXPENDITURES TO DATE	APPROVED BUDGET	REQUESTED REVISION	REVISED BUDGET TOTALS
Personnel	\$	\$	\$	\$
Automotive				
Equipment				
Operating Expenses				
Indirect Costs				
<b>TOTAL</b>	\$	\$	\$	\$

**Prepared By:**

Name	Title	Telephone (     )
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**Authorized By:**

Sheriff	Signature	Date
Financial Officer	Signature	Date
OHSP Authorization	Signature	Date

<b>AUTHORITY:</b>	1978 PA 416, as amended & Exec. Order 1989-4
<b>COMPLIANCE:</b>	Voluntary, but reimbursement will be delayed

**SECONDARY ROAD PATROL AND ACCIDENT PREVENTION PROGRAM  
CONTRACT ADJUSTMENT REQUEST  
INSTRUCTIONS**

1. Adjustment Request Requirement. Contact should be made with the Office of Highway Safety Planning prior to submitting a request for an adjustment. Written approval must be obtained from OHSP prior to making any changes in Secondary Road Patrol and Traffic Accident Prevention Program contracts. Request for approval of such changes must be submitted on the Contract Adjustment Request form OHS-403. OHSP action will be documented and sent to the county on the Contract Adjustment Approval form OHS-403.
2. Form Completion If it has been determined that a written request is required, complete the form following these steps:
  - a. Complete items 1 through 6 to identify your county and the sheriff's mailing address.
  - b. Item 7 - Enter the contract number exactly as it appears on your contract.
  - c. Item 8 - Enter the date the request is prepared. This date will be referenced on the Contract Adjustment Approval.
  - d. Item 9 - Check the box(es) to indicate the type of change for which approval is being requested.
  - e. Item 10 - Provide a detailed explanation of the change requested and justification for the change. Continue this narrative on numbered continuation pages as needed.

If a program modification is requested, describe project methods and procedures which will change if the adjustment is approved.

If a budget revision is requested, complete the Expenditures to Date, Approved Budget, Requested Revision and Revised Budget Totals by budget category. Itemize what will be deleted from and/or added to the approved budget. The revised budget must equal the approved budget. If the revised budget exceeds the allocated amount, the excess will be considered the county share. Explain the relevance of the budget revision to compliance with P.A. 416, as amended.

3. Distribution. Mail the completed original Contract Adjustment Request form to:

Office of Highway Safety Planning  
4000 Collins Road  
P.O. Box 30633  
Lansing, Michigan 48909-8133